NAME OF S	IP PH division of The later	MFD03-0162		B. WING_		06/1	8/ 204
ST JOHN	ROVIDER OR SUPPLIER		STREET ADD		STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	<u> </u>
31,000			Washing	TON, DC 2	20015		
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1 000	INITIAL COMMEN	rs	-	1000			
	tis/18/2008 throught ampling of two reals population of four in of disabilities. This survey was confundamental process were based on obstitutily and two day direct care staff and of the habilitation at	rvey was conducted to 08/19/2008. A rand sidents was selected idividuals with varying the nducted utilizing the se. The findings of the resid programs, interview of administrative raced administrative raced administrative race.	iom from a g degrees lls survey antial with	o	000 - The Governing Body se perating direction of all f vident in the agency-wi	acilities. This	is
1	iricluding the unusu	•			rocedures.	, , , ,	
į	•	RVICE / DINING AR	EAS	1042			
	Modified diets shall (t:) Planned, prepara who have received i and	pe as follows: ed, and served by Inc instruction from a die	lividuala litian;	evalua	3502.2(b) - The nutritionist cation of #2 nutrition plan on cian's order was updated to the	4/30/08. His	
	Observation, staff in revealed the facility meals in accordance	net as evidenced by: terview and record re falled to ensure staff a to the dietary order denta. [Resident#2]	Served	regime staff v as his	en of 1800Kcal, mechanical was in-serviced on his diet reps peers to ensure that all d	soft diet. The gimen as well lirect support	
-	epbulani grilbnii etiT	+	•		lists have been trained on m	ealtime plans	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	served baked pork of ahing beans. The maler cut up into ama linch aquare by staf- residents at the dinn of served to consum without any problems	18/2008 Client #2 we hope, mashed potate leat was served who lier sizes (approxima f) as were the other the table. Client #2 we his meal in its entires. Record raview on a revealed this client to	pes, and tely hiree ety	by the	Director of Nursing,	-	7/11/

AMU PLAR (PLAN OF CONNECTION NUMBER:		WBER:	A BUILD B. WING			COMPLETED		
NAME OF P	R JVIDER OR SUFFLIER	NEWOS-CIEZ	FIFTHER AT	AREAR ACT	Y, STATE, ZIP CODE	06/1	9/2008		
BT JOHN	1		3010 CHI WASHING		TREET, NW		-		
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1 042	Continued From pa	ge 1		1042			-		
	(V11/2007 and by it floth assessments in achanically soft discharically floor what the fine assessments. The time of surverse that the fine of surverse discharically ensured that	pasch Pathologiat on 10/2 indicated that he was let. Interview with the training profession Profession Profession Profession Profession At approximately (HM) and Licensed ed that Client \$2 was and has a good apparer was a difference was no eyiden of with what was practically is staff indicated with what was practically in substantials that the review and re-eyiem around Ciments.	ion a " ine facility lonal viedged ved a 5:53pm, Practical sable to cetta. It sa Client centred in the on file valuation						
I 180	STRIMINGA 1.800E	ATIVE SUPPORT		l 180					
·	Each GHMRP shall ariministrative supp meds of the resides Habilitation plane.	provide adequate ort to efficiently meet its as required by the	the pir						
,	Bused on observation of the Group H Pursons (GHMRP) (at Iministrative support of findings included to the Gualified M	ort as required by this contail Retardation	s record inrided s section.	p re	180- a. The QMRP comporogram to meet with #) Peview his IHP goals to exist interests and are meaning	Program coordinator in	to		
	Professional (QMRF coordination of outsi below:	') failed to ensure the de services as press	en te d			•			
	dia Administration						1		
TATE FORM	7	•			anks11	ií conánhado	n sheet 2 of 10		

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	rvclja MBER:	(XC2) MOULT	'iple construction vig	(X3) DATE 8 COMPL	
	•	NFD03-0162		B. WING			
NAME OF	R(MIDER OR SUPPLIER		OTREST AD	DRESS, CITY.	STATE, ZIP CODE	06/1	9/200B
ST JOH	7 *		9010 CHE WASHING	STNUT 811 TON, DC 2	REET. NW		
(X4) ID PREFIX TAG	I (EACH DEPICIENCY	Tement of Deficiencie Y must be preceded by SC (Dentifying Information)	ZELII I	ID PREFIX TAG	Provider's Plan of Co (Each Corrective actio Cross-referenced to The Deficiency)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
I 180	Continued From pa	ge 2		1180			 -
	Review of Goals an Client#1 's previou the dates of 5/2007 listed the following p	at Client #1 's day properties and the "Annote of Contraction of the decision	nue) Covered etween	 			
	b. Objective - [Clie respond correctly to respond correctly to reward per particle reported trials per norming the "tas (Independently) = 10 enswering 4 questio program as outlined (2008 - 2009). Interdigited Mental Ref (QMRP) on 6/19/200 was not aware the diprograms unchange revising the habilitational revising the habilitation of programs unchange revising the habilitation of programs unchange revising the habilitation of programs unchange revising the habilitation of programs and aware the diprograms unchanged was not aware the diprograms unchanged by this section. B. Record review so 6/19/2008 at 1:17pm Review of Goals and Client #1 's previous the dates of 5/2007 to	ove his communication #1] will independe 5 questions pertainised to him, 50% of the north, for three months for three months for three months of recorded triples of recorded triples of recorded triples of this programm view with the facility for this programm view with the facility tradation Professions at 7:05pm revealed from year to year a from year to year a from year to edd of the was no evidence of survey to substitute of survey to substitute of survey to substitute of survey to substitute of survey to year to depend of survey to substitute of sur	ently ng to a le ths. It as level s, attc year s attc year s attc year s attc year le end ane ress a de on file atantiate lons quired pgram on ual covered wooden	7/2 hat the obt	The QMRP requested a cas 3/08 at 11am to discubilitation goals. The QMRP programs be completed ainable and ensure that the gress.	ss his current that revision of to make them	t f 1 7/20/08
'	detailed the following	programmatic objec	ctives:				
TATE FORM							

AND PLAN	OF CORRECTION	(X1) PROVIDER(SUPPLIE IDENTIFICATION NU		(C2) MULT A. BUILDII B. WING		(XS) DATE S COMPL	
		HFD03-0162			,	06/1	9/2008
NAME OF P	PREVIOUS OR BUPPLIER		,		STATE, ZIP CODE		
AHOL TE	· · · · · · · · · · · · · · · · · · ·	·	DANHEAW	STNUT STI STON, DC 2	REET, NW 19015		
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1180	Continued From pa	ge 3		1180			, ,
	Comain: Sensory S	timulation .					
, ,	l sidils. b. Objective - Wh	rove his sensory stin an given verbal prom rent scants 60% of re	ot iClient			,	
	Domain: Money Ma	nagement Skills					
	sitilis. b. Objective 1 - W [Cilient #1] will coun equal a dollar 60% of c. Objective 2 - W [Cilient #1] will make community 80% of I Further record revie sinessed as perform level " for all the pro cultined above. He rate on the objective domain. In the Mon performed at a 25% and at a 0% effective day program recom program as outlined (2006 - 2009). Reta or 6/19/2008 at 7:00	rove his money manufer given verbal protected trials per then given verbal protected trials per then given verbal protected trials per macorded trials per macorded trials per manufer below the recognammatic intervent parformed at 16% eas in the Sensory Stimely Management dorse rate on Objective and objective and of the sensory of the protective and objective and of the sensory of the protection of the sensory of the protective and objective and objective and of the sensory of the protection of	impt, plas to month. impt, with in the onth. Was pulred skill tions flective nulation main he plactive 12. The patic year (QMRP) as not				
۸	avare the day program he billiation program phagress. There we presented at the tim that this client 's pro	am was carrying pro er to year and not rev s to address a client is no evidence on file e of survey to substa ogrammatic intervent and/or adjusted as re	grama vising the 's or antiate	,			

STATEMĒN AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	FLE CONSTRUCTION G	(XS) DATE 31 COMPLE	TEO
		HFD03-0162				08/1	9/2008
HOLTS	rijvider or Supplier 1		3010 CHE	STNUT STI STNUT STI STON, DC 2			
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(190	IV120] I The Qualified it Professional (QMR monitoring and ray program plans (IPF iv19/2008 revealed revision of a client vice (Reference Fiv255) II. Staff interview (V19/2008 revealed revision of a client vice (Reference Fiv255) II. Staff interview (V19/2008 revealed revision of a client vice end/or achieved the chiectives as outling rogram plan. Note the coordination of ser noceived meals in the cutilined in his indivexampled below: Cin the evening of	iederal Daficiency Related Retardation (P) failed to ensure it islon of resident is in P) as exampled below and record review or the facility failed to established goals/of ederal Deficiency Related to it in facility failed failed to it in facility failed	ne adividual v. n plans et or plans et or plans eport n plans plans plated atte dividual sident es	7/2 ha re th pr 3. #2 or 18	A. The QMRP requested a capacity of the programs be capacity of the programs of th	Iss his currently requested the completed to main they address here are evaluation. His physician is diet regiment. The staff was its well as his peer	nt 7/20/08 te is
-	string beens. The later cut up into am linch aquare by standents at the din observed to consumathout any problem.	meat was served wheat was served wheat was served wheat rest (approximatif) as were the other mentable. Client #2 me his meal in its ans. Record review o	ole, and nately three was trety	, bo	ensure that all direct supporten trained on mealtime plant Nursing.	•	
Health Regul STATE FOR	ail at Administration M		(loge	9NK611	If continuati	on sheet 6 of 10

	t of deficiencies of currection	(X1) PROVIDENGUPPLIE IDENTIFICATION NUI HFD03-0182		(X2) MULT A. BUILDIN B. WING		(XS) DATE SURVEY COMPLETED 06/19/2008
NAME OF P	ROV DER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	
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1 1B0	evining of 6/19/20 asiassed by the S 6/11/2007 and by the S 6/11/2007 and by the S 6/11/2007 and by the S Cualified Menta (QIMRP) on 6/19/2 that that Client #2 is the House Manage Nurse (LPN) reves toligate whole food was not clear why between what the #2 a shilly to be a the assessments. at the time of surve facility ensured that	O8 revealed this clien peach Pathologist on he Nutritionist on 10/ Indicated that he waitet. "Interview with I Retardation Profession at 6:51pm acknowled have been select that Client #2 wais and has a good aptimere was a different facility 's staff indicated that client was produced that was no evidency to substantiate the street wand re-ear revolving around C	iz1/2007. s on a " ithe facility sional ewiedged rived a iy 5:53pm, i Practical is able to opetite. If exe tes Client esented in noe on file at the evaluation	I 180		
1189		RATIVE SUPPORT Il maintain records of nd disbursed.	f residents	i	189-The staff and house mans erviced on the importance of the	
1	This deficient pract		•	i	choice in making purchases of the providing receipts of those p	
	7:05pm revealed to taking part in community the House Manage alicewed to purchase Further record reverselpts on site or withdrawn from the accounts to cover oulings. There was	record review on 6/1 he residents were reproperly outlings. Accordingly outlings. Accordingly outlings are flems of their choice is revealed there we evidence of funds be resident's parsons in expenditures from the expension that the expension the expension that the expension the expension that the expensio	guiarly ording to a were ce. ere no alog al bank on these me of	V	alidity.	

Health Regulation Administration STATE FORM

AND PLAN	CF CORRECTION	OSI) PROVIDENSUPPLIE IDENTIFICATION NU	riclia Mbgr:	OCZ) MIUL	TIPLE CONSTRUCTION	(XS) DATE SUI COMPLET	RVEY ED
		HFD03-0162		B. WING		name.	maa
NAME OF F	PINOVIDER OR SUPPLIER				STATE, ZIP CODE	06/19	2006
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OM ID PREFIX TAG		Tement of Department Mist he preceded by SC (Dentifying Informa		ID PREFIX TAG	PROVIDERS PLAN OF CORRE (EACH CORRECTIVE ACTION OF CROSS-REPERBNOED TO THE AP DEFICIENCY)	ania in pe	CONPLICTO CONPLICTO DATE
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	Recurste accounting	g of resident ' a funda	Wee in				
1 208	3508.6 PERSONNE	EL POLICIES	1	1 206			
	innually thereafter, continuation that a h	or to employment an shall provide a physi sanh inventory has b the employee 's hea her to perform the na	cien ' s	a c t	I 206 – The Governing body seel all personnel have her currectification that the employee's that would allow him/her to perfor	ent physicians health statu	n s d
اد	•				luties. This is evident in the policies governing services render		е
,	This Statute is not rather deficient practice. The facility failed to	sə (nçludea:			All employed staff have of		h
	of survey to substant current health cartiff current health cartiff employed. The facility aystem to ensure this provisions of this	date that they secure cate for all staff curre ity falled to enact an at all staff was como!	ed a ently effective	a	certificates from their attend thowing them to perform their spe	ecific duties.	
1 260	3512.1 RECORDICE PROVISIONS	EPING: GENERAL	}	1 260 cu	260- The Governing body seel	d reports as	
1	Each Residence Din and accurate record this section.			do	quired. The T.M.E. staff was incumentation on the back of the a standing order that the doctor of	MAR. There	
	This Statute is not n Based on observation review, the facility fall at iministration of me residents residing in and #3]	n, aisti interview and lied to document a m dications for two of to	atimed	to me 200 ret	be called if there is at least four hadications; this order has been in 05, for inclement weather concurrs from programs, late return its, or outings.	ours between n place since nditions, late	
rath Regula FATE FORM	lia i Administration	· · · · · · · · · · · · · · · · · · ·		- 15			
INIE LAKIN			Qridii	31	NKB11	s noticumbnos if	nasi 7 ar 10

AND PLAN	PLAN OF CORRECTION DENTERCATION NUMBER:			A. BUILDIN B. WING_	PLE CONSTRUCTION G	COMPLI	TED
NAME OF	PRO VIDER OR SUPPLIER	1 1 Inches 145	STREET AD	DRESS CITY I	STATE, ZIP CODE	06/1	9/2008
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1 260	Continued From pa	18:		1 200			
	6/15/2008 revealed medication errors of Rusident #1 and R.	ecord review on the ever i the facility falled to de during the administrati esident #3 's medicat non Federal Deficienc	ocument on of ions on				
1424	3521.5(a) HABILIT,	ATION AND TRAININ	ic o	1 424			
	redicient s program or when the client: (a) Has successful	i make modifications to net least every six (6) ly completed an object i in the individual Hab	months five or	7/2	The QMRP requested a c	cuss his currer	nt ·
	Plin;	met as avidenced by:		revi	ilitation goals. The QMI ision of the programs be on mobtainable and ensure th	completed to mak	e '
	of Goals and Object praylous year's pro	esident #1 's day prop n revealed the Annua fives form covered the ogresa from 5/2007 to d the following program	Review	pro	gress.		
	Communication 9ki	ijs:	}				
	2. Objective - [Rist restant correctly to neuropaper article re recorded trials per n	ove his communication and the second of the second of the north, for three month, for three months.	dently g to a e				
	performing the "tas (independently) = 1(nied he was assessed ik with required skill is 20% of recorded trials,	lenur		,	·	
NO REGULE ATE FORM	idon , which is the tipe		or	38N	WB11	R catility sales	alimet And Ch

		HFD03-0162		B. WING		06/19/2008
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	prigram recommer prigram as outlined (2008 - 2008). Intel Qualified Mental Re (QMRP) on 6/19/20 was not aware the opnigrams unchange	ons per trial. " The dided to "continue the if for this programm view with the facility transfer of a 7:05pm reveals try program was cared from year to year.	n utic year ' s al ed she tying and not			
	resident's progres file or presented at substantiate that thi	tion programs to add b. There was no evic the time of survey to a resident's program being revised and/or section.	ience on mmetic			·
i 429	351:1.5(c) HABILITA	TION AND TRAININ	ve	1426		
		meka modifications at least every six (6		I	426- The governing body se	eks to ensure that
•	(c) is failing to prog objectives after rea made;	rees toward identified south strotte eldenos	j b és n		all individual programs are every six (6) months when	(c) is failing to
	This Statute is not Thu deficient practi	met us evidenced by ce includes:	:	Т	progress toward identified easonable efforts have been r	nade. The QMRP
•	6/19/2008 at 1:17pr of Goale and Objec		al Roview 18	tu C U	equested a case conference or o discuss his current habili QMRP requested that revision be completed to make then	tation goals. The of the programs obtainable and
*	Doinsin; Sensory S A. Gosi - Will Impi skills,	timulation nove his sensory stim	uletion	er	nsure that they address his pro-	gress.
	ation Administration	·		· · · · · · · · · · · · · · · · · · ·		
STATE FOR	M		•	101	SNK911	il confinution sheet 9 of

(PC) MULTIPLE GUNGTRUCTION

A, BUILDING

(X1) PROVIDENCUPPLIENCLA
IDENTIFICATION NUMBER:

AND PLAN OF CORRECTION

(XX) DATE SURVEY COMPLETED

AND PLAN	D PLAN OF DORRECTION CENTERCATION NUMBER:	MBER	A. BUILDING	3	COMP	COMPLETED		
	<u>-</u>	HFD09-0102	· .	B. WING		08/	19/2008_	
	PROPUER OR SUPPLIER		3016 CHE	ESTNUT STRE	TAYE, ZIP CODE EET. MW	***	***************************************	
AL TOHN			WASHING	GTON, DC 200	1016			
(X4) ID PREFIX TAG	FACH DEFICIENCY	ATEMENT OF DEPICIENCE Y MUST BE PRECIDED BY LEC IDENTIFYING INFORMA	(1.1.FL)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REPERBNCED TO T (DEPICIEND	TION SHOULD BE THE APPROPRIATE	COMPLETE OATE	
l 428	Continued From pa	age 9	++	1426		***************************************		
	El. Objective - Wh [Resident #1] identi hicorded trials per i	nen given verbal prom tify 10 different scenta month.)pt, a 60% of		•			
	Comein: Money Ma	anagement Skills	ļ	1		,	ļ, -	
	A. Goel - Will Impl skills.	nove his money mana	agement					
	[fleeident #1] will co	Vhen given verbal pro tount a combination of of recorded trials per	of coins to					
	[Fleoldent #1] will m	Vhen given verbal pro nake a purchase whik % of recorded intels po	le out in			•		
	aspecsed as performicial terms of the all the person its person to objective dimedia. In the Morpurformed at a 26% affective at a 0% affective dily program as outlined (2008 - 2009). Return 100 6/19/2008 at 7:0 avere the day program that the time that the time that the time resident is	isw revealed Resident ming "below the recognition at 18% experienced a	quired skill intons effective mulation mulation mulation chain he bjective 1 2. This ue the matic year ol (QMRP) vas not ogname svistog the fant 's le or tantiate ventions					

and Plan (ID PLAN OF CORRECTION (CATTIFICATION NUMBER)		A. SUILDING	PLE CONSTAUCTION 9	COMPLETED	
MARKET	TOVIDER OR BUPPLIER	08G170	B. WING		neis	9/2006
HOL TB	i		j 36	PET ADDRESS, CITY, STATE, ZIP 210 CHESTNUT STREET, MW (ASHINGTON, DC 20016	CODE	#IZPOD
PREFIX TAG		TEMENT OF DEPICIENCIES 'MUST SE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER & PLAN OF (EACH CONRECTIVE ACT CAGS-REFERENCED TO TO DEFICIENCE	ION SHOULD BE HEAPPROPRIATE	DATE
W 000	INITIAL COMMENT	' S .	W 000			
	sampling of two clie	rvey was conducted from 06/16/2008. A random nto was selected from a dividuals with varying degrees	serv	000 -The facility seeks	eds of all recipient	· S
W 120	were pused on obse facility and two day ; direct care staff and of the habilitation an including the unusus	The findings of this survey evations at the residential programs, interview with management, and a review d administrative records if incident reports.	1	iving services. This is oue policy and procedure pro	·	-
.	The facility must sas meet the needs of ea	urs that outside sarvices ach client		The QMRP completed a ram to meet with #1 Progr		
	on record revi a: illty falled to ensur on sured the monitori	not met as evidenced by: lew and staff interview, the me that outside programs ing and review of client's entions for one of two ant #1]	revie his in reque	w his IHP goals to ensur- nterests and are meaning ested a case conference on scuss his current habilit	e that they reflect gful. The QMRP 17/23/08 at 11 am	7/20/08
	The findings include:	-		P requested that revision		
7 8 7 0	. Record raview at 1/19/2008 at 1:25pm Seriew of Goals and Mint #1 'e previous 10 dates of 5/2007 to	Client #1 's day program on revealed the "Annual Objectives " form covered year 's progress between 4/2008. The document oprammatic objective:	be co	ompleted to make them e that they address his prog	obtainable and	•
0	cinmunication Skills			•		
PATORY D	IN CTURE OR PROVIDER	VOUPPLIER REPRESENTATIVE'S SIGNA	At les	गार		

other safeguards peat ment enting with an asteriak (*) denotes a deficiency which the matifulion may be excused from correcting providing it is determined that other safeguards provided above are disciplable 80 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disciplable 80 days days following the clab these documents are made available to the facility. If deficiencies are disciplation,

FORM CM2-2567(02-4 6) Psevious Versions Obsolete

Event ID: 9NK\$11

Facility 10: 08@170

If continuation sheat Page 1 of 9

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C., 20002

ND PLAN O	FIXORRECTION	LIDENTIFICATION NUMBER	A. BUIL		MAI HATO HOM	(AB) DATE 8 COMPLI		
	<u> </u>	09G170	p, Win	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Q8/1	9/2006	
,	vame of premider or supplier St john			3010 CH	XXRESS, CITY, STAYE, ZIP C LESTNUT STREET, NW NGTON, DC 20018	ODE		
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W 120	b. Objective - [C] naspond correctly to naspond correctly to newspaper article neorthed trials per performing the "to (independently) = diswering 4 quest program as outlined program as outlined program as outlined (1908 - 2009). Into (1908 - 2009), Into (1908 - 2009	age 1 rove his communication skills. ient #1] will independently to 5 questions pertaining to a read to him, 50% of the month, for three months. eated he was essessed as sak with required skill level 100% of recorded trials, ions per trial. "The day nded to "continue the id" for this programmatic year erview with the facility 's standation Professional 008 at 7:05pm revealed she day programs to address a There was no evidence on file a time of survey to substantiate togrammatic interventions id and/or adjusted as required by at Client #1 's day program or orn revealed the "Annual and Objectives " form covered out year's progress between 7 to 4/2008. The document	y	520				
	Comain: Sensory	ing programmatic objectives: Stimulation						
	e dils, b. Objective - W	prove his sensory stimulation hen given verbel prompt, [Clien arent scents 60% of recorded	t	•				

AND PLAN OF CIRRECTION IDENTIFICATION NUMBER:		A, BUILO	ONIO	COMPLETED			
		09G170	B, WING		08/1	9/2006	
MAME OF PA	ROVEDER OR SUPPLIER	-	STREET ADDRESS, CITY, STATE, ZIP CODE 3940 CHESTNUT STREET, NW WASHINGTON, DC 20016				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEPICIENCIES (BACH DEPICIENCY IRIST BE PRECEDED BY PULL REGULATORY OR LEC IDENTIFYING INFORMATION)		N) PREPAX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE A DEPOSENCY)	EHOULD BE	COMPLETION CATE	
W 120	sk iis. b. Objective 1 - W [Clent #1] will coun equal a dollar 80% c. Objective 2 - W [Clent #1] will make community 80% of Further record revis as sessed as parior laws!" for all the pr cullined above. He rais on the objectiv domain. In the Mor performed at a 25% and at a 0% effectiv day program record program as cutlines (2108 - 2009). Ret on 6/19/2008 at 7:0 aware the day prog- unchanged from ye habilitation program programs. There we presented at the tin that this client, a pr were being revised this section. 485.430(a) QUALIF RETARDATION Pi	magement Skills rove his money management then given verbal prompt, it a combination of coins to of recorded trials per month. Then given verbal prompt, is a purchase while out in the recorded trials per month. The given verbal prompt, is a purchase while out in the recorded trials per month. The recorded trials per month or a companient to the companient to the combination of the combination of the combination professional (QMRP) The recorded to "continue the companient to year and not revising the recorded to "combination the continue the combination professional (QMRP) The recorded trials programmatic year and not revising the recorded to "combination to the combination of allusted as required by and or adjusted as required by the mental per mental. The mental per per serior of the combination of allusted as required by the per per per per per per per per per pe	W 12				
	inhagrated, coordina	treatment program must be sted and monitored by a ardation professional					

STATEMENT OF LIEFICIENCIES (X1) PROVIDER/SUFFLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(XZ) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE BURVEY COMPLETED		
		09/3170	E, WING_		08/45	9/2008
NAME OF P	ROVIDER OR BUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP COD 1010 CHESTNUT STREET, NW VASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REPERBNCED TO THE AI DEFICIENCY)	HOULD BE	(XB) COMPLETION DATE
W 159	Based on observate review, the facility 'Professional (QMR programmatic over sen/loss to ensure anyloss to ensure anylos	is not met as evidenced by: ion, staff interview and record s Qualified Mental Retardation iP) falled to ensure the sight and coordination of the health and safety of the in the facility. e:	to nhis intercept to conduct QM be	ı	eter to review by reflect his. The QMRP 23/08 at 11am in goals. The the programs btainable and	7/20/08
	483 440(f)(1)(i) PR CH/NGE The individual progleast by the qualified professional and responsible to all successfully complidentified in the individual to start and a start on staff interfacility falled to improve the control of the start on staff interfacility falled to improve the control of the start of the star	ram plan must be reviewed at ad mental retardation wheat as necessary, including, tuations in which the plient has start an objective or objectives widual program plan. Is not met as avidenced by: rylew and record review, the lement an effective change to	on hal rev the pro	255- The QMRP requested a c 7/23/08 at 11am to discussibilitation goals. The QMRP rision of the programs be competed obtainable and ensure that the ogress. The QMRP will endividual programs are reviewed eded.	s his current requested that pleted to make they address his nsure that al	t t 7/20/08 s
FORM CMS-2E	67(02-IB) Previous Versions	Obsolete Event ID: SNK64	i Fa	대(y 1D: 09G170 If	confinuation she	t Page 4 of 9

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AND FLAN OF CORRECTION	DENTIFICATION NUMBER		DING -	NO POWER TOP	COMPLE	
	09G170	B. WING	·		08/1	9/2008
NAME OF PROVIDER OR SUPPLIER ST JOHN			3010 CH	DRESS, CITY, STATE, ZIP O ESTNUT STREET, NW NGTON, DG 20015		,
PRÉPIX (GACH DIFFICIENC)	TEMENT OF DEFICIENCIES MART HE PRECEDED BY FULL BO (DENTIFYING INFORMATION)	ID PREFII TAG	CI	PROYIDER'S PLAN OF C (BACH CORRECTIVE ACTION (BACH CORRECTIVE ACTION (BACH CORRECTIVE ACTION OF THE PROYING AC	ON SHOULD BE EXAPPROPRIATE	COMPLETION COMPLETION
completed and/or a his habilitation plan clents. [Client #1] The finding included Bight interview and revealed the facility a client's individual evidence presents to wards the identific w 20] W 257 CHANGE The individual progress to the including professional and report in its progress to all or reasonable efficient on staff interviews on staff interviews.	ming interventions after he has chieved the gods outlined in for one of two sampled a: record review on 6/19/2008 failed to ensure the revision of i program plans when a failure to meet or progress ad goals/objectives. [See CORAM MONITORING & Temples must be reviewed at dimental retardation vised as necessary, including, ustions in which the client is over identified objectives or is have been made.	oi ha re th pi	7 257- The 7/23/00 abilitation of the obtain rogress.	the QMRP requested at 11am to disconnected and ensure that The QMRP will	cuss his current requested that mpleted to make they address his ensure that all	7/20/08
faulity falled to impliant lient 's programmic en assessed to be the programmatic enterties. [Client #1] The finding included Stuff interview and remailed the facility a client 's individual evidence presents to	ement an effective change to ning interventions after he has e poorly progressing towards oals for one of two sampled		dividual	programs are reviewe	ed and revised as	
OHM CARE-2867(0 Los) Pravious Versions			Facility ID: 00	9G170	if continuation shee	*Page 5of9

AND PLAN OF CORRECTION MUMBER:		A. BLIILDING	The state of the s	COMPLETED		
		09G17 0	B' AUMO T	Harris	00/4	9/2008
NAME OF PROVIDER OR SUPPLIER ST.JOHN			30	eet address, city, state, zip coos 40 Chestrut Street, NW Ashington, DC 20015		<u></u>
(X4) ID PREFIX TAG	GRACIN DEFICIENCY	TEMENT OF DEPICIENCES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION	ID PREPIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REPERENCED TO THE AP DEFIDIENCY)	ECTION FOULD BE PROPRIATE	COMPLETION DATE
W 267	[See w120] 4(i3.460(k)(2) DRUG The system for drug th at all drugs, includ stiff-administered, a This STANDARD is Observation, staff in revealed the facility revelved timed mad four sampled clients The findings include 1. Observation of 6/ administration on 6/ administration on 6/ administration regimen to manege this clien Metoprolet 100mg Treview on 6/19/2008 (listed on the Physici were to be administ the facility 's Licens Registered Nurse (Frevealed medication	t's individual program plan. 3 ADMINISTRATION 3 ADMINISTRATION 4 ADMINISTRATION 5 ADMINISTRATION 5 ADMINISTRATION 5 ADMINISTRATION 5 ADMINISTRATION 6 ADMINISTRATION 7 ADMINISTRATION	docu is a s to be medi 2005 return visits 3. check medic in-ser	59-1-2. The T.M.E. staff was in mentation on the back of the litanding order that the doctor decalled if there is at least four his cations; this order has been in, for inclement weather comes from programs, late returns, or outings. All individuals' medications ted to ensure that all cations have been removed. Twiced on discarding	MAR. There does not need nours between n place since nditions, late throm home have been discontinued	7/19/08
	time. The racility fall delivery of medication of the administration on 6/2 medication administration on cluded at 6:48an	ter the prescribed delivery led to ensure the timely the as prescribed. The evening medication (8/2008 revealed Client #3 's ration began at 6:35pm and it. The medication regimen is that for managing this	meald	eations	-	
ORM CMS-RE	7(02 09) Previous Versions (Pandale Event (0:5NK9:1	Facili	ly (D: 00@170	onlinusijan sheq	tPage à of 9

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AND PLAN OF CC POSSTION IDENTIFICATION NUMBERS		DENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		099170	es, vann	<u> </u>		08/1:	9/2008
NAME OF PROVIDER OR SUPPLIER ST JOHN				3010	ADDRESS, CITY, STATE, ZIP CODE CHESTNUT STREET, MW HINGTON, DC 20015		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPKIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVICERS PLAN OF CORRE (BACH CORRECTIVE ACTION BH CROBS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
W 369	10(10mg Tab for Did 6/19/2008 revealed the Physician 's O) administered at 6pt Licensed Practical Nurse (RN) on 8/16 medications should hour after the press	seure and Matformin HCL abetes. Record review on the medications, so listed on ther Sheet(s) POS, were to be in. Interview with the facility's Nurse (LPN) and Registered \$2008 at 6:33pm revealed to given an hour before or an wibed delivery time. The ure the timety delivery of	Wa	60			
W 375	administration on 6 were provided a transfer in each ear a nevealed the order two (2) weeks start the facility's Licen 6/13/2008 at 6:56p Delacox was support 1/2008 and should administered. The effective system of ensure that all medord ared.	the evening medication /18/2008 revealed Client #3 stment of Debrox 15mi via 3 at 6:35pm. Record review for the Debrox was for only ing on 3/3/2008. Interview with evid Practical Nurse (LPN) on m revealed the treatment of sed to be discontinued the end and insve been facility failed to ensure an monitoring medications to ilications were administered as G ADMINISTRATION	W	176			
	The system for dru	g administration must assure stion errors and adverse drug	t	V 375- ne poli	The Governing body seeks to icy and procedure manual co stration, physical environmen	vers general	
	Based on observations of medical particular process and control of the second control of	s not met as evidenced by: ion, staff infarview and record alled to document a mistimed edications for two of four ne facility, [Clients #1 and #3]	t e	ransfer, ach in eeded	record keeping, personnel, an , and discharge. This is to adividual receives the qual to meet their habilitative a	ensure that	
ORM OM5-2	67(03 95) Previous Versions	Chaptale Event ID: 3NK811			nanual was updated in 2006. 15:09:370	antinuesan ehe	Page 7 of 8

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AND PLAN OF CHARROTION DENTIFICATION NUMBER:			A BUILDING			COMPLETED	
		09G17D	B. WIN	-		ORIT	0/2008
NAME OF P	ro ider or Supplier		STREET ADDRESS, CITY, STATE, ZP CX 1010 CHESTNUT STREET, NW WASHINGTON, DC 20015				
(X4) ID PREPIX TAG	(BACH DEFICIENC)	TEMENT OF DEPICIENCIES (MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	DATE COMPLETION DATE
W 474	receive their medic evening of 6/19/200 this mistimed deliving mistimed deliving mistimed deliving mistimed deliving mistiment about a physician freatment about a house from the crewith the facility's Filicensed Precipal 6/10pm revealed, they been records should have been records should have been records should have been records and evidence present the medication are systemically address the misting medication are systemically address the facility as ved in the form remained in a one of two samples. The finding include	ations well after 6pm on the stions well after 6pm on the 38. Record review revealed by Record review revealed by was not recorded in the stration Record (MAR). In received a treatment of Debrox 's approval, as the original swe been completed two ler date of 3/3/2008, interview Registered Nurse (RN) and Nurse (LPN) on 6/18/2008 at hear medication errors should dend they (nursing staff) made aware of it. There was state that the documentation of its ware known and were being seed. JEAL SERVICES Jed in a form consistent with the it of the client. Je not met as evidenced by: Interview and record review of felled to ensure meals were and consistency client 's habilitation plan for it clients. [Client #2]	d is to the second of the seco	the ocu is a second of the ocu is a second occurrence of the ocu is a second occurrence	T.M.E. staff was in amentation on the back of the standing order that the doctor e called if there is at least four lications; this order has been 5, for inclement weather carns from programs, late retuts, or outings. All individuate been checked to ensure that dications have been removed. serviced on discarding dications.	does not need hours between in place since conditions, late are from home is medications all discontinued discontinued discontinued a report 4/30/08. His reflect his diet is soft diet. The regimen as well	7/19/08
	Or the evening of 6/18/2008 Client #2 was served baked pork chops, mashed potatoes, and string beans. The meet was served whole, and later cut up into smaller altes (approximately			-	cialists have been trained on the Director of Nursing.	mealtime plans	
ORM OMB-25	77(II L-85) Previous Versions	Chaptele Event ID: SNK611		fec	cility ID: 08G170	if continuation she	et Pape 8 of 9
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STATEMENT OF ILEPOIENCIES AND PLAN OF COLUMNOTION WENTHICATION NUMBER:		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION .	COMPLI	COMPLETED		
NAME OF PROVIDER OR BUPFLIFR				ET ADDRESS, CITY, STATE, 2		9/2008	
et John		•	301	er Address, Citt, & Cale, 1 9 Chestaut Street, NV ASHINGTON, DC 20018	₹ .		
(X4) X1 PREFIX TAG	EUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG: RESULATORY OR LSC (DENTIFYING INFORMATION)		ID PREPIX TAG	(BACH CORRECTIVE A CROSS-REPERSHOED TO	PROVIDERS PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 474	Tinch square by a residents at the observed to consider any problem of 8/19/2 assessed by the 18/11/2007 and by Both extended by the 18/11/2007 and by Both extended by soft in that Client \$2 me thankely and the House Maner Nuise (LPN) reveloble rate whole for war not clear why while the facility to be end y assessments. To the time of survey on uned that the	thiff) as were the other three inner table. Client #2 was ume his meal in its entirety ams. Record review on the 008 revealed this client was Speach Pathologist on the Nutritionist on 10/21/2007. Indicated that he was on a "ciet." Interview with the facility at Retardation Professional 2008 at 5:51 pm acknowledged about have been served a cliet. At approximately 5:53 pm, jer (HM) and Licensed Practical relations that a good appetite. It is there was a difference between a start indicates Client #2 is with what was presented in the rere was no evidence on file at it to substantiate that the facility review and re-evaluation of the					
	ALICATION SULTAN	raiving ground Client #2 ' s food sints.					